

06/13/01  
1064 U.S. PTO

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06-14-01  
Approved for use through 10/31/2002. OMB 0651-0032  
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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. PU010124  
First Inventor ALAN WEIR BUCHER  
Title MASK SUPPORT BLADE STRUCTURE HAVING AN INSERT  
Express Mail Label No. EL851120658US

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

- ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
- ☐ Applicant claims small entity status.  
See 37 CFR 1.27.
- ☒ Specification [Total Pages 7]  
(preferred arrangement set forth below)
  - Descriptive title of the invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the invention
  - Brief Summary of the invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
- ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 6]
- ☒ Oath or Declaration [Total Pages 1]
  - ☒ Newly executed (original or copy)
  - ☐ Copy from a prior application (37 CFR 1.63 (d))  
(for a continuation/divisional with Box 18 completed)
- ☐ Application Data Sheet. See 37 CFR 1.76

## ADDRESS TO:

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

- ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
- Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - ☐ Computer Readable Form (CRF)
  - Specification Sequence Listing on:
    - ☐ CD-ROM or CD-R (2 copies); or
    - ☐ paper
  - ☐ Statements verifying identity of above copies

## ACCOMPANYING APPLICATIONS PARTS

- ☒ Assignment Papers (cover sheet & document(s))
- ☐ 37 C.F.R. §3.73(b) Statement ☒ Power of Attorney (when there is an assignee)
- ☐ English Translation Document (if applicable)
- ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
- ☐ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
- ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
- ☐ Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
- ☐ Other: \_\_\_\_\_

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76.

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

Prior application information: Examiner \_\_\_\_\_

of prior application No. \_\_\_\_\_ / \_\_\_\_\_

Group / Art Unit \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 17. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

or ☒ Correspondence address below

(Insert Customer No. or Attach bar code label here)

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Country U.S.A. Telephone 609-734-9443 Fax 609-734-9700

Name (Print/Type) Carlos M. Herrera Registration No. (Attorney/Agent) 44,762  
Signature [Signature] Date 6/13/01

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# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 750

Complete if Known

Application Number	
Filing Date	
First Named Inventor	Alan Weir Bucher
Examiner Name	
Group / Art Unit	
Attorney Docket No.	PU010124

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																																																																																																																																																		
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number: 07-0832</p> <p>Deposit Account Name: THOMSON multimedia Licensing Inc.</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.22</p>		<p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65</td> <td></td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25</td> <td></td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130</td> <td></td> </tr> <tr> <td>147</td> <td>2,520</td> <td>147</td> <td>2,520</td> <td></td> </tr> <tr> <td>112</td> <td>920*</td> <td>112</td> <td>920*</td> <td></td> </tr> <tr> <td>113</td> <td>1,640*</td> <td>113</td> <td>1,640*</td> <td></td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55</td> <td></td> </tr> <tr> <td>116</td> <td>390</td> <td>216</td> <td>195</td> <td></td> </tr> <tr> <td>117</td> <td>890</td> <td>217</td> <td>445</td> <td></td> </tr> <tr> <td>118</td> <td>1,390</td> <td>218</td> <td>695</td> <td></td> </tr> <tr> <td>128</td> <td>1,690</td> <td>228</td> <td>945</td> <td></td> </tr> <tr> <td>119</td> <td>310</td> <td>219</td> <td>155</td> <td></td> </tr> <tr> <td>120</td> <td>310</td> <td>220</td> <td>155</td> <td></td> </tr> <tr> <td>121</td> <td>270</td> <td>221</td> <td>135</td> <td></td> </tr> <tr> <td>138</td> <td>1,510</td> <td>138</td> <td>1,510</td> <td></td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>55</td> <td></td> </tr> <tr> <td>141</td> <td>1,240</td> <td>241</td> <td>620</td> <td></td> </tr> <tr> <td>142</td> <td>1,240</td> <td>242</td> <td>620</td> <td></td> </tr> <tr> <td>143</td> <td>440</td> <td>243</td> <td>220</td> <td></td> </tr> <tr> <td>144</td> <td>600</td> <td>244</td> <td>300</td> <td></td> </tr> <tr> <td>122</td> <td>130</td> <td>122</td> <td>130</td> <td></td> </tr> <tr> <td>123</td> <td>130</td> <td>123</td> <td>130</td> <td></td> </tr> <tr> <td>126</td> <td>180</td> <td>126</td> <td>180</td> <td></td> </tr> <tr> <td>581</td> <td>40</td> <td>581</td> <td>40</td> <td>40 00</td> </tr> <tr> <td>146</td> <td>710</td> <td>246</td> <td>355</td> <td></td> </tr> <tr> <td>149</td> <td>710</td> <td>249</td> <td>355</td> <td></td> </tr> <tr> <td>179</td> <td>710</td> <td>279</td> <td>355</td> <td></td> </tr> <tr> <td>169</td> <td>900</td> <td>169</td> <td>900</td> <td></td> </tr> </tbody> </table>		Fee Code	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid	105	130	205	65		127	50	227	25		139	130	139	130		147	2,520	147	2,520		112	920*	112	920*		113	1,640*	113	1,640*		115	110	215	55		116	390	216	195		117	890	217	445		118	1,390	218	695		128	1,690	228	945		119	310	219	155		120	310	220	155		121	270	221	135		138	1,510	138	1,510		140	110	240	55		141	1,240	241	620		142	1,240	242	620		143	440	243	220		144	600	244	300		122	130	122	130		123	130	123	130		126	180	126	180		581	40	581	40	40 00	146	710	246	355		149	710	249	355		179	710	279	355		169	900	169	900	
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<p>2. EXTRA CLAIM FEES</p> <p>Total Claims: 10 -20 = 0 X 0 = 0</p> <p>Independent Claims: 2 -3 = 0 X 0 = 0</p> <p>Multiple Dependent: 0 X 0 = 0</p>		<p>Other fee (specify) _____</p> <p>*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 40</p>																																																																																																																																																		

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Carlos A. Herrera	Registration No. (Attorney/Agent)	44,762
Signature	<i>Carlos A. Herrera</i>	Telephone	717.295.6551
		Date	6/13/01

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